



Post-radiotherapy cervical osteomyelitis in a patient with oropharyngeal cancer

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Introduction. Cervical osteomyelitis is a rare and infrequent complication in patients with head and neck cancer treated with radiotherapy, in most cases is associated with osteoradionecrosis.

Objectives. We report the case very uncommon complication of radiotherapy in a patient with oropharyngeal cancer treated with radio-chemotherapy. He presented a cervical osteomyelitis with the particularity of not being associated with osteoradionecrosis. We compare our case with the literature reviewed.

Materials and methods. This case involves a 56-year-old male patient diagnosed with stage T4N1M0 oropharyngeal squamous-cell cancer (OPC) treated with neoadjuvant chemotherapy (3 cycles of DPF) and radical radiotherapy (70 Gy/35 sessions on macroscopic areas and 50 Gy/25 sessions on microscopic areas) with concomitant Cetuximab (7 cycles, 200 mg/m²). He developed an acute and chronic grade 4 dysphagia that required a tube feeding for enteral nutrition. Four months later, he developed intense pain and cervical functional impotence, and after a first cervical MRI and bone scan with pathological capture in the atlas, a metastatic disease was suspected. A few days later, he developed fever, outlining the differential diagnostic with infectious osteomyelitis. After positive haemocultures for anaerobics, a recurrence-free ENT examination and thorax X-ray, cervical CT and MRI, an osteomyelitis C1–C2 was diagnosed. In the ENT examination detected a necrotic pharyngeal ulcer and the NGT was withdrawn and was replaced for a gastrostomy tube. Treatment was carried out with intravenous antibiotherapy and an occipital-cervical arthrodesis.

Results and conclusion. Cervical osteomyelitis without osteoradionecrosis is a rare complication of head and neck cancer treated with radiotherapy, in our case was able to be associated with pharyngeal mucosal injury produced by NGT. We only found four similar cases in the literature reviewed.

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Prediction of early response to radiation therapy using FDG-PET standard uptake value in advanced head and neck cancer

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Purpose. To determine the impact of primary tumor and lymph node, 18F-FDG PET-CT standard uptake value (SUV) on early response to radiation therapy in patients with locally advanced head and neck cancer (LAHNC).

Methods and materials. We studied 62 consecutive patients (median age 58 (36–82)) with LAHNC treated in our center, who underwent a 18F-FDG-CT scan based radiotherapy planning for HNC from October 2009 to January 2013. Localization: larynx 18 (29.03%); oral cavity 14 (22.58%), oropharynx 14 (22.58%), nasopharynx 7 (11.30%) and hypopharynx 9 (14.51%). Stage: III (23.4%), IVa (68.8%), IVb (7.8%). All patients received 3DRT or IMRT with radical intent, and 80% received concurrent chemotherapy. All patients underwent a CT scan to assess early response, median time from treatment to CT was 36 days (8–153).

Results. Complete response (CR) was achieved in 31 (50%). These results correspond to stages III 5 (8%), and IVa–b 26 (42%). Primary tumor and lymph node median SUV was 21.03 and 12.67 respectively. We found no relation between nodal or primary tumor SUV and early response to treatment assessed by CT scan. Median primary tumor SUV was 18.21 for no CR on primary tumor and 21.77 for CR (p:0.113). Median nodal SUV was 12.37 for nodal CR and 12.97 for no CR (p:0.789).

Conclusion. In our cohort, higher primary tumor and nodal SUV was not associated with lower rates of CR. Longer follow up is required to draw any conclusions on overall and disease specific survival. Multi-institutional trials are required to establish strong conclusion on this matter.

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Predictors of long survival in head and neck carcinoma

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Background. The head and neck cancer (HNCA) represents at least 5% of all cancers and most common histologic type is squamous cell carcinoma with over 90% of cases. The purpose of this study was to determine the predictors of long survival in these patients.

